



European Organic Verification Program Product Profile

Washington State Department of Agriculture
Organic Food Program
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Processors: Complete this form for each individual organic product you wish to have certified under the European program. (Make copies of this form as needed.)

BUSINESS NAME: _____ CERTIFICATION NUMBER: _____ COUNTY _____ STATE _____

1. Product Name:
(Exactly as it appears on the label.)

2. Label: Has the export label for this product been submitted to our office for review? ☐ Yes ☐ No (If "No," Please attach a copy of the label and submit with this form.)

3. Product Composition and Verification: Complete the information for all ingredients (including water and salt) contained in this product.

Ingredients (Include Additives)	Supplier Please indicate both the non-certified supplier and the certified producer of the product, if applicable.	Certifying Agent	Organic ✓	Non-Organic ✓	Have you verified that the "Organic" ingredients were produced in compliance with EEC 2092/91 and IFOAM Basic Standards? (Yes or No)	Have you verified the following for the Non-Organic ingredients?		Weight Please note the measuring unit used.	For Office Use Only
						Ingredient is listed on the WSDA-EOVP Allowed Ingredients and Processing Aids List (AGR 2206) (Yes or No)	Documentation has been obtained that verifies GMOs were not used in the production of the ingredient (Yes or No)		
A. Weight of Organic Ingredients:			B. Total Weight of Formula: (Excluding water and salt)				C. Percent of Organic Ingredients: (A ÷ B) x 100		

4. Processing Aids: Provide complete information about all processing aids used in the manufacturing of this product.

Processing Aid	Organic ✓	Non-Organic ✓	Is the processing aid on the National List (205.605)?	Manufacturer Name & Phone Number.	Application & Use.	For Office Use Only

Formulas are kept confidential and exempt from public inspection and copying
(RCW 15.86.110 and Uniform Trade Secrets Act, chapter 19.108 RCW.)